

BEST AVAILABLE COPY

1 OCT 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/563762 FILING DATE

CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/		51					
2	/	/	/	/	/	52							
3	2		/	/	/	53							
4	2		/	/	/	54							
5	1		1		1	55							
6	1		1		1	56							
7			1		1	57							
8			1		1	58							
9					1	59							
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45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2	↓	2	↓	2	↓							
TOTAL DEP.	6	←	6	←	6	←							
TOTAL CLAIMS	8		8		8								